

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43710

FILED  
Apr 09, 2007  
Secretary of State

**Entity Name:** THE UNITED STATES LIFESAVING ASSOCIATION SOUTHEAST REGION INC.

**Current Principal Place of Business:**

501 SEABREEZE BLVD  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. 1259  
FELLSMERE, FL 32948 US

**New Mailing Address:**

**FEI Number:** 65-0321316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCRADY, JAMES  
501 SEABREEZE BLVD  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MC CRADY, JAMES  
Address: 501 SEABREEZE BLVD  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: DV ( ) Delete  
Name: FALCONER, GERRY  
Address: 1043 LINCOLN ST.  
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD ( ) Delete  
Name: WAGENHALS, JO  
Address: 501 SEABREEZE BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: DT ( ) Delete  
Name: MCMANUS, JOSEPH  
Address: 13450 77 STREET  
City-St-Zip: FELLSMERE, FL 32948 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MCMANUS

DT

04/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date